

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040833

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9845

FILED OCT 19 1962

1. PLACE OF DEATH

a. COUNTY

CITY OF St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Mo.

Length of stay in 1b

8 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

DESLOGE HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis County

c. CITY

OR

TOWN

BERKLEY, Mo.

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

8800 STONEHAM CIRCLE

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

SALVATORE VANTIMIGLIA

First

Middle

Last

4. DATE

OF

DEATH

Month

Day

Year

OCTOBER 13, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

12/18/10

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AUTO MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY

AUTO MECHANIC

11. BIRTHPLACE (City and state or country)

ITALY St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY

AMERICA

13a. FATHER'S NAME

JOSEPH VANTIMIGLIA

13b. MOTHER'S MAIDEN NAME

GRALE BALENTE

14. NAME OF HUSBAND OR WIFE

PAULINE VANTIMIGLIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

UNKNOWN

17. INFORMANT

HOSPITAL SUMMARY SHEET

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EDEMA + CONGESTIVE HEART FAILURE 1 DAY

INTERVAL BETWEEN

ONSET AND DEATH

ABOUT

2 WEEKS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

MYOCARDIAL INFARCTION

DUE TO (c)

ARTERIOSCLEROTIC HEART DISEASE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

GENERALIZED ARTERIO SCLEROSIS 420.0

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

None

SUICIDE

None

HOMICIDE

None

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

None

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

None

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

None

20f. CITY, TOWN, OR LOCATION

None

COUNTY

None

STATE

None

21. I attended the deceased from Oct 5, 1962 to Oct 13, 1962 and last saw him alive on Oct 13, 1962

Death occurred at 3PM Oct 13, 1962 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Lawrence H. Sturman MD

(Degree or title)

22b. ADDRESS

Desloge Hospital

22c. DATE SIGNED

10/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/15/62

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or county)

St. Louis Mo

(State)

24. FUNERAL DIRECTOR

John Stigardson 5541 Penn

ADDRESS

25. DATE RECD. BY LOCAL REG.

OCT 15 1962

26. REGISTRAR'S SIGNATURE

Karl Smith M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Italy

SHOULD READ

St. Louis, Mo.

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J W Rister

Licensed Embalmer No.

3980

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.